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RESEARCH--FAMILY GROUP CONSULTATION AND THE SCHOOL COUNSELOR.
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A Q-SORT WAS USED TO MEASURE ATTITUDINAL CHANGE BROUGHT ABOUT BY FAMILY GROUP CONSULTATION. NINE FAMILY MEMBERS OF THREE FAMILIES WERE GIVEN THE Q-SORT AT THE BEGINNING OF COUNSELING AND AGAIN 8 WEEKS LATER. THESE TWO SORTS ASKED THE FAMILY GROUP MEMBERS TO RATE THEIR IDEAL SELF AND THEIR PERCEIVED SELF. THESE RATINGS WERE CORRELATED WITH AN INDEX OF PERSONAL ADJUSTMENT, A SORT WHICH SHOWED HIGH INTER-RATER CORRELATIONS FOR THE STAFF COUNSELORS. THE DATA SHOWED THAT THE Q-SORT IS A FAIRLY RELIABLE MEASURE OF INDIVIDUAL PROGRESS IN COUNSELING AND SERVES AS AN EVALUATION OF THE COUNSELING PROGRAM. THROUGH EXAMPLES OF THE MEMBERS OF ONE FAMILY, IT WAS SHOWN HOW THE SORTS COULD BE CORRELATED. EVALUATION OF INDIVIDUAL COUNSELING GOALS IS ONE AREA OF FAMILY GROUP CONSULTATION REMAINING TO BE EXPLORED. THE EFFECTS OF THE METHOD ON "ACTING-OUT" TEENS AND YOUNGER CHILDREN, ON FAMILIES OF DIFFERENT SOCIOCULTURAL LEVELS, AND ON FAMILY MEMBERS WHO ARE PRIMARILY OBSERVERS IN THE GROUP NEEDS TO BE EVALUATED. (NS)

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OREGON STATE SYSTEM OF HIGHER EDUCATION
Division of Continuing Education--Portland Continuation Center
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RESEARCH: FAMILY GROUP CONSULTATION AND THE SCHOOL COUNSELOR

By: Earl T. Zwetschke, Ph.D.

Those of us who are involved in family group consultation in the Portland area are quite certain that the method has distinct advantages over individual counseling. We are somewhat less certain, but feel rather strongly, that it has advantages over single family counseling. And when we are unusually honest, we even agree that there are contra-indications to the employment of family group consultation with specific families and/or specific individuals.

Since its inception in 1961, family group consultation has been continuously evaluated by informal and subjective methods. After every counseling session, counselors review the progress of individual family members, including each family member's personal involvement in the counseling process and any evidence or contra-evidence that he or she is profiting from the counseling experience. Although there are discouraging sessions in which no progress, or in which backward movement seems to occur, there is an overwhelming consensus among counselors and family members that the process is helpful in surfacing the attitudes and patterns of behavior that decrease the probability of productive behavior and facilitate self-defeating behavior, both in the nuclear family, and in interpersonal relationships generally.

It is at the point of self-discovery, however, that some individuals get stuck. They seem to see what they are doing to defeat themselves, but will not accept responsibility for change. Presumably they expect others to change so that their own attitudes or behavior will hopefully become innocuous to themselves or others. We have noted that there are some family group members who, on the other hand, are rather continuously striving to be more effective in their interpersonal relationships, within and outside the family setting.

Because of the vast differences which typically exist among the members of family groups, not only in motivation for change, but in the adequacy of their self-concepts and in their personal effectiveness, it is felt that a method of research must be employed which makes it possible to establish individual objectives and individual progress in counseling. It is felt that the Q-sort may be one device for this purpose. I would like to share with you some beginning of research with a Q-sort, of attitudes concerning oneself and one's family, that has been developed by Miss Grace Irish, a doctoral student in counseling and Guidance at Oregon State University. She is using this instrument to measure attitudinal change brought about by family group consultation.

In the hand-out, I have listed reliability and inter-rater consistency data, plus correlations of certain kinds computed for 9 family members from three different families that participated in family group consultation over an eight-week period. (Other families are in the process of completing a similar counseling time period; an uncounseled control group is also involved in Q-sorting.)

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These data are not at all startling but I believe that they do indicate that the Q-sort is fairly reliable and that both counselors and family members can fairly well agree on what constitutes a desirable "self-and-family-concept". The hand-out lists an average sort--re-sort reliability coefficient of .84 based upon an Ideal Sorting by five staff counselors or counselor-educators in the Portland Continuation Center of the Oregon State System of Higher Education. (The sort and re-sort occurred one month apart.) An added indication of the Q-sort's reliability are the correlations ranging from .73 to .91 between these counselors' sortings and the composite rank orderings of Sort I and Sort II (called Counselor Sort I and Counselor Sort II on the hand-out.) Note that the average counselor correlation increases only minimally from Counselor Sort I to Counselor Sort II, indicating that sorting practice does not appreciably affect sorting accuracy.

Inter-rater correlations among counselors on their Ideal Sortings are also given for Counselor Sort I and Counselor Sort II. Note that average inter-rater correlations are somewhat higher for the second sort than the first. Because this was true to some degree for every counselor, it has been decided to use Sort II rather than Counselor Sort I as one of the bases for evaluating the growth in counseling of individual family members. We have called this second counselor sort the Index of Personal Adjustment (hereafter known as IPA).

Each family member involved in our study makes two Q-sorts at the beginning of counseling, one indicating "how it is" (the Self-Sort) and one indicating "how I'd like it to be" (the Ideal Sort). The Self-Sort and Ideal Sort are then repeated at different time periods in counseling.

The paragraph headed by a C on your hand-out gives correlations between Ideal Sorts made by our nine family group members and those made by our counselors on their second sort (IPA). You will note, the agreement is fairly good both at the beginning and at the end of eight weeks of counseling. One would expect, of course, that some degree of identification with the counselors' attitudes and values would take place during the eight-week period. This may account for some of the significant individual changes in the family members Ideal Sorts.

In paragraph D, correlations are given between Self-Sorts made by our nine family group members and the IPA at the beginning of counseling and eight weeks later. Although the average correlation with the counselors' composite judgment of what constitutes an Ideal Sorting increases as counseling proceeds (correlation changes are generally in the right direction) only two of the nine individual changes are significant.

Another hypothesis that Miss Irish formulated was that there would be an increased congruence (a greater positive correlation) between an individual's Self-Sort and his Ideal Sort, as he proceeds in counseling. Among seven family members for whom we have data at this time, four of the correlations between self and ideal increases in size and three decreased in size.

What I have thus far reported to you may seem to be meager findings. And, indeed they are, if you look at them in a traditional way. There is no significant trend for our group of nine family members. But what if we concentrate on individuals rather than groups. Leona Tyler, Gordon Allport and others have been admonishing us for some time to develop methodologies that will evaluate individual progress rather than group movement. In a recent talk given by John Krumboltz at a conference on Developing Interdisciplinary Foundations for Guidance, he stated that one of the criteria for counseling research should be that counseling objectives are individualized. Although I make no claim that we have found a panacea for individualizing counseling objectives or research, I would like to show you by ex-post-factor methodology (commonly known as hind-sight) how Q-sorts might be used to help determine counseling objectives and evaluate counseling outcomes. (Although I'm doing this after the fact, I am not suggesting this as research technique. I am only trying to show how these formulations could be made.)

One of our family group members is Mrs. X. She is a medical technologist and her husband has been a small business manager for the past four years. Before that, he was a business machine serviceman, and he is soon going back to that trade because the small business operation has folded. The family sought counseling about mid-January ostensibly because of Mr. and Mrs. X's concern for their daughter (let's call her Linda), who they do not trust, primarily in regard to sexual mores. Linda seems to stretch her various degrees of freedom to their limits without accepting an equal degree of responsibility for her behavior. She is certain, and rightly so, that Mom and Dad will intervene for her when it becomes necessary. They will pay for her boy friend's collect calls. They will tidy her room when it becomes intolerable to them. They would probably take her illegitimate child, if she had one.

Mr. and Mrs. X both have relatively low self-esteem, althought this seems to be improving since counseling began. As a youngster, Mr. X dropped out of college after over a year of scholastic probation, and subsequently had a difficult time finding himself vocationally. He has been an alcoholic in the past. Mrs. X's first husband had a psychotic episode and she has never really felt secure in her second marriage.

Let us look at what the Q-sorts showed in terms of our early information about them. (Note that all the above information was available to us before or during our intake interview.) Mrs. X's and Linda's Self-Sorts correlated to a moderate degree (.50) with the IPA. Mr. X's Self-Sort correlated much lower (.35). Mrs. X's first Ideal Sort correlated fairly high with the IPA (.73). Linda's Ideal sort correlated .53 (moderate) with IPA and Mr. X's Ideal Sort correlated with the IPA to an even lesser degree (.21) than did his Self-Sort. Now let us look at the correlations between each family member's initial Self-Sort and the Ideal Sort. In other words, how did they see themselves in relation to how they'd like it to be. Linda's was .93, Mrs. X's was .72 and Mr. X's was .27. In other words, there is a great deal of agreement between what Linda feels she should be and is; less so for Mrs. X; and almost no agreement for Mr. X.

The intake information concerning Linda was paralleled by the high correlation between her Self-Sort and Ideal Sort (.93). There is little difference between the two sorts, probably indicating (with the intake information) very little desire for self-change. Moreover, the quite moderate correlations between the IPA and both her Self-Sort (.50) and Ideal Sort (.53) indicates rather clearly that Linda has a somewhat different frame of reference for herself and her behavior than do others--counselors, her father and mother, perhaps people in general. There is an apparent need for greater congruence between self-image and the IPA; and between her self-ideal and the IPA. In other words, she needs to learn a more ideal Ideal, and progress toward it. Should we hope for a greater congruence between her Self-Sort and Ideal Sort after an eight-week period of counseling than she has to begin with? (.93) I think not. Rather, we might hypothesize that considerably less congruence would be desirable. She needs to admit that she isn't perfect so that she might at least consider a change toward assuming greater responsibility for herself. Mrs. X, on the other hand, should build a great degree of congruence between her self-image and her ideal self. She needs either to bring her self-image up closer to the level of her ideal image or endeavor to accommodate her ideals to her perceived self. Mr. X's sorts are more difficult to fathom. Low agreement with the counselors on his Self-Sort (.35), he has an even lower agreement with them on his Ideal Sort (.21). Added to this is low congruence between self-image and ideal self. (.27) It would seem that Mr. X has a great need to develop a better picture of what constitutes an adequate self-ideal. At the same time, in view of his inferiority feelings, it would seem that a most important task for him is to achieve a greater degree of congruence between his perceived self and his ideal self.

To what extent have these objectives been reached through counseling? Let us look at our Q-sort goals. For Mrs. X, it is to achieve greater congruence between Self-Sort and Ideal Sort. It will be noted that a greater degree of congruence was reached between her second set of Self and Ideal Sorts (from .72 to .88). She has perhaps (at this time) modified her ideal to accommodate her perceived self, rather than the other way around, as judged only by a slightly better self-concept (correlations of .50 to .55 with IPA), but a slightly lowered set of self-ideals (correlations of .73 to .63 with IPA). This is probably good, for she tends to be perfectionistic and rigid in her evaluations. Perhaps the next goal for her counseling may be to bring her self-concept to a higher level.

What about Linda? She moved from a correlation of .50 with the IPA to one of .66 in her second Self-Sort. This was a hoped for goal. She moved also toward more agreement with the IPA on her Ideal Sort. (R of .53 to .70). Congruence between Self-Sort and Ideal Sort, however, was heightened (from an R of .93 to .96). Remember, we felt that a lesser degree of congruence between her self-perception and her ideal-concept would be an important goal for her. (And we still think so.) We have noticed absolutely no motivation for self-change in Linda's attitudes or behavior, in and out of counseling. Her self-concept and her ideals for herself have seemingly moved towards a healthier position, but she is still saying rather loudly by both her Q-sorts and her behavior in counseling, "I like myself just the way I am. I don't want to change anything."

What of Mr. X? One thing we hoped for here was a greater degree of congruence between self-concept and self-ideals. A Q-sort movement from a correlation of .27 to .44 was noted between his initial and eight-week sortings on perceived self as related to perceived ideal. Thus this direction of growth for Mr. X, although small, is in the right direction. His second Q-sort goal is also being achieved. His perception for his ideal-self has grown significantly closer to that of the "well-adjusted individual" as indicated by the composite of counselor judgment (correlation between the IPA and Ideal Sorts I and II rose from .21 to .62).

Although these few examples may illustrate the "personal equation" method for setting goals and evaluating them by Q-sort methodology it seems to me that we have only touched upon the surface of the mass of possibilities that are available to us. For example, I have been intrigued about the meanings that may be opened to us by looking at the pattern of responses to the Q-sort items themselves. May I illustrate by again referring to the X family. One the pre-counseling sortings, Linda X almost duplicated the distribution of items at the extremes for the Self-Sort and Ideal Sort. That is, those "least like" her on the Self-Sort were also "least like" her on the Ideal Sort. Those "most like" her were also virtually identical on the two sortings. Only on one such item was there a discrepancy. The item "I feel friendly toward most people" was marked as "most like me" side. I am not certain, but I think she was saying or feeling, "This friendliness toward people (especially toward boys) frequently gets me into trouble. I wish that I could change this." Perhaps if the counselors had been aware of this feeling when boy-girl subjects came up during counseling, an important counseling goal may have been identified, worked toward, and its accomplishment later validated by a second Q-sort. (The discrepancy again appeared on her second Q-sort.)

Mrs. X's Self and Ideal Sorts at the beginning of counseling showed similar discrepancies between two items that turned out to be highly revealing of her concerns. As ideals, she thought she should "enjoy being with most people" and feel that my "daily life is full of things that keep me interested." In actuality, she saw that this was not the case, putting the items toward the "least like me" side of the Self-Sort. I am sure that these items were related to (1) her dislike of most of Linda's boy friends, and (2) her dissatisfaction with her present marriage and her lot in life. Again, these discrepancies, if noted, may have influenced the direction of counseling for Mrs. X. On her sortings after counseling, incidentally, she brought these items together in her Self and Ideal Sorts, giving them a middle position on both distributions. Perhaps this is a realistic position for her to assume. She does appear to be a much happier person now, displaying a calm approach to the solution of interpersonal problems that earlier would have produced within her an emotional intensity.

Another method for examining response patterns to individual Q-sort items might be to look at those Self-Sort or Ideal Sort items that are particularly discrepant to composite counselor judgment as indicated by the IPA. Thus, in the Ideal Sort of Mr. X at the beginning of counseling, he seemed to be denying self-ideals of happiness and satisfaction of interests, and tended to rank more ideally those attitudes and feelings that suggested a lack of self-concern, a lack of real involvement with people and a freedom from self-responsibility. Perhaps these responses are picturing the perceived futility

of life for Mr. X, and suggest to this counselor, in review, that the immediate goal of counseling for Mr. X may be to help him to loosen the mask which forces him to say, in effect, "everything is rosy".

So much for Q-sort methodology. I hope that my primary message is clear. Q-sort techniques, if used as indicated, may further the worthy goal of individualizing counseling objectives and then provide the framework for research procedures which evaluate the degree to which these individual objectives are being met.

ISSUES TO BE RESOLVED IN THE EMPLOYMENT OF FAMILY GROUP CONSULTATION:

There are many questions yet to be answered concerning the efficacy of our method of family counseling and, in fact, family counseling in general. I shall try to point up a few issues that need to be addressed by ourselves and other researchers, especially school counselors.

(1) In family group consultation, individual family members and sometimes entire families are primarily participant-observers for extended period of time as other individuals or families are directly involved in the process. They may keep coming to the family group on this basis, stating that they learn much that can be applied to their own circumstances. The question is, do such peo ple, in fact, learn anything tha t may result in changed attitudes or behavior. Besides Q-sorts, this should be tested by periodic review of family progress in counseling, including counselor meetings with such families as units and individual interviews with family members as well.

(2) Another issue to be faced is the likelihood of success in family counseling or family group consultation for families from different sociocultural levels. Related questions center around counselor attitudes and behavior patterns that may be more effective for working with individuals from one cultural level than another. It is felt that in family group consultation we have dealt successfully with families from lower socioeconomic levels to families in the upper middle class. It is my personal hypothesis that counselors who can genuinely relate to "people as people" will be successful in their counseling, regardless of the cultural level of individual with whom they work. However, it may be that counselor failure will become more apparent or be more transparent at some cultural levels than others.

(3) A third set of issues that research on family counseling has largely ignored centers around the usage of time. Is it best to set a limit on the number of counseling sessions to which a family will be exposed? We do, in some cases, and in some cases, we don't; but we really haven't taken a good look at which way is best.

Is it better to have a concentrated period of time to work intensively with a family, as is the case in Multiple Impact Therapy by MacGregor and others, or as is true in Virginia Satir's Conjoint Family Therapy? In contrast, our family groups meet once per week over an extended period of time. Unfortunately, administrative reasons control our use of time in counseling more than does the significance of counseling results.

(4) The identification of specific contra-indications to family counseling or to family group consultation are of particular interest to those of us who participate in family group consultation in the secondary schools of Oregon. For example, some of us wonder if the "acting out" adolescent boy or girl can be helped through family group consultation. His or her parents often seem to profit from it, but most of us have had noted "unsuccess" with these adolescents themselves. They most often perceive themselves as targets for verbal potshots from the rest of the group. Or if they receive support from others, they usually use it to further their own self-defeating behavior or objectives. What, then, should be the total counseling program for the family (both the "acting out" youngster, their parents and their siblings)?

What is the minimum age level at which children will profit from family counseling? We need to check out whether youngsters who come and set are seemingly uninvolved, profit from, are unaffected by, or suffer from family group consultation. Thus, counseling may be contra-indicated for children below certain age levels.

What of the family that is unable to bring to counseling its seemingly chief source of conflict--say, an alcoholic father. Is it possible for this family to accomplish anything in counseling without his presence?

And so it goes. Are there other contra-indications?

(5) The last issue which I'd like to raise is really a plea for assistance. It seems to me that so many variables are involved in family group consultation that we need collaborative research to furnish the manpower and time to answer all of our questions. Instead of the small potshots that each of us are taking as individuals, it would be helpful if those of us who are interested in family counseling (of all kinds) could get together and work out a georgraphic-multivariate design to answer all our questions.

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PRELIMINARY Q-SORT DATA IN THE EVALUATION OF FAMILY GROUP CONSULTATION*

A. Q-Sort Reliability Data (Correlation)

Counselor	Sort-Resort	Counselor Sort I	Counselor Sort II
1	.85	.80	.84
2	.92	.91	.89
3	.82	.80	.78
4	.86	.81	.91
5	.65	.73	.75
Average**	.84	.82	.85

B. Inter-rater Correlations for Q-Sort

On Counselor Sort I

Counselor	Counselor 1	2	3	4	Average**
1	x				.64
2	.79	x			.71
3	.59	.63	x		.58
4	.67	.78	.56	x	.64
5	.43	.60	.52	.48	.51
ALL					.62

On Counselor Sort II

Counselor	Counselor 1	2	3	4	Average**
1	x				.70
2	.80	x			.73
3	.64	.65	x		.61
4	.76	.82	.69	x	.73
5	.52	.60	.44	.63	.55
ALL					.67

* From data collected by Grace Irish, doctoral student at Oregon State University.
** All averages computed based on Fisher's z coefficient.
*** Significant change at .01 level of probability.
**** Significant change at .05 level of probability.

C. Correlations between Ideal-Sorts made by family group members (counselees) and Counselor Sort II

Individual	At Beginning Of Counseling	At End of Eight Weeks
1	.73	.63
2	.21	.62***
3	.53	.70****
4	.63	.80****
5	.76	.75
6	.54	.55
7	.69	.69
8	.74	.74
9	.69	.70
Average**	.63	.69

D. Correlations between Self-Sorts made by family group members (counselees) and Counselor Sort II.

Individual	At Beginning of Counseling	At End of Eight Weeks
1	.50	.66
2	.50	.55
3	.35	.44
4	.59	.55
5	.18	.56***
6	.56	.75****
7	.24	.40
8	.70	.69
9	.07	.05
Average**	.43	.54

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